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## BIB DATA SHEET

CONFIRMATION NO. 3599

<b>SERIAL NUMBER</b> 10/719,374	<b>FILING or 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> PHUS020537		
<b>APPLICANTS</b> Helen Routh, New York, NY; Adrian Warner, Bothell, WA; Kevin Bradley, Bothell, WA; Earl Canfield, Snohomish, WA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/432,065 12/09/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/08/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /VALERIE LUBIN/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> PHILIPS MEDICAL SYSTEMS PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3003 22100 BOTHELL EVERETT HIGHWAY BOTHELL, WA 98041-3003 UNITED STATES						
<b>TITLE</b> Distributed medical imaging system and method						
<b>FILING FEE RECEIVED</b> 1148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		